

January 7, 1964

CASE OF	: JACK LEON RUBY, AGE 52
CHARGE	: MURDER
REFERRED BY	: DEFENSE ATTORNEY, MELVIN BELLI, ESQ.
EXAMINED	: DALLAS, TEXAS, DECEMBER 21 and 22, 1963

PRELIMINARY DIAGNOSTIC IMPRESSION:

This patient has an abnormal background that is highly significant from the standpoint of psychopathology. His father was a drunken, quarrelsome immigrant carpenter who tyrannized the family. Both the mother and the children were terrorized by him. The family was so disorganized that a Chicago social agency had to scatter the children in various homes. The mother was apparently well-meaning but an ineffectual individual. In later life she suffered a psychotic depression necessitating hospitalization in a state psychiatric institution. A younger brother had a brief period of psychiatric hospitalization. The patient's brothers and sisters, with perhaps one exception, have all exhibited an abnormal degree of emotional instability. They are a quarrelsome, inflammable group - at one time feuding, at another making sacrifices for one another.

The patient has all of his life exhibited extreme emotional instability and episodic outbursts of aggression. In 1952, after a business failure, he had a depressive illness of psychotic proportions, but sought no medical assistance. Throughout his life there have been mood fluctuations, but none of the depressive phases appears to have reached the intensity nor to have been as prolonged as that occurring in 1952. That there is persistently a high degree of impulsivity in his behavior cannot be denied.

There are several other aspects of the patient's personality structure which are of great significance. First, there is a voracious need to be accepted and admired, even to be loved by everyone, but particularly by individuals in positions of authority and great social prestige. Doubtless this was a factor in his making unusually strong identifications with persons in positions of power, ranging all the way from police to Presidents. Secondly, there is, at a deep unconscious level, intense psychosexual conflict, leading the patient to be constantly asserting his masculinity by fighting, sexual promiscuity, body building exercises, etc. Then, there is a distinct paranoid flavor in his relationship with people. He sees insults and criticisms when none was intended. He exhibits some distrust of his lawyers and his psychiatrists. His hypochondriacal trends, his food fads and his narcissistic concern over his body weight and his baldness are frequently associated with abnormal suspiciousness. As is so commonly the case, at times he grossly over-compensated for his feelings of inadequacy by a swaggering boastfulness.

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Despite an outwardly friendly and ingratiating manner, this patient seethes with hostility. Much of the time he is able to keep it under control, but his controls are brittle and when they break, the hostility erupts with volcanic force.

He appears to be incapable of establishing deep and meaningful relationships with others. The patient impresses this Examiner as an individual who does not recognize subtleties or nuances in personal relationships; people are likely to be either friends or foes.

Because of his deep-seated feelings of inadequacy he is acutely aware of his position as a member of a minority group, against which bigotry and prejudice is frequently directed. Doubtless, this was an important factor in the high regard which he had for President Roosevelt and President Kennedy. The fact that President Kennedy was, himself, a member of a minority group and his determined stand on civil rights had a special impact on this patient.

There is no evidence of psychotic thinking at this time - no actual breaks with reality are discernible. He impresses me, however, as an individual whose adjustment is tenuous and in whom, under overwhelming stress, a dissociative state could readily develop, which would permit unconscious needs and impulses to assume complete momentary dominance.

The patient's psychological relationship to President Kennedy was a very unusual one. Apparently he was not merely the idealized and idolized father figure as the head of State, but he was, in addition, seen as the leading member of the perfect family group. The patient, in all probability because of his own wretched early family life, became, in a sense, a vicarious, participating member of this group. This type of identification with a nation's ruling family group was formerly seen commonly in many European and Oriental countries. It is far less usual in the United States.

An effort has been made to reconstruct the actions and reactions of the patient, following the President's assassination, from his own account and those of his sister Eva and his roommate, George Senator. He was in the newspaper office when the tragic announcement was made. He had already been greatly disturbed that day by the black bordered advertisement in the Dallas Morning News, over the signature of Bernard Weissman.

According to the patient, when he heard the news of the President's murder a lot of fragmented ideas came into consciousness, - he would have to leave Dallas, the town was ruined, "I felt like a nothing person, like the world ended - I did not want to go on living anymore." He telephoned his sister Eva, who was crying hysterically. He then called several

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people, among them Alice Nichols, the individual to whom he had been more closely attached than anyone else, although he had not spoken to her for months. He kept thinking of what a sacrifice the young President had made in taking the Presidency. He made the odd comment, "He needed the job like he needed a hole in the head."

The patient has great difficulty in recalling just what he did during those fateful days. He knows that he went to a delicatessen store Friday afternoon, where he bought a lot of food, that he would ordinarily not permit himself to indulge in because of his diet. "I figured I'd get drunk on it, it will kill you." He and his sister cried together, he kept thinking, "He was such a beautiful man."

Friday evening he went to the synagogue, arriving late. There was a sermon, but his mind was "so foggy" he did not "take it in fully". He drove around Dallas and was shocked to find that several large eating places were open. He thought of the hard-pressed police force working extra hours and had sandwiches made for them. This offer was refused. He then went to great trouble to give them to his friends at the radio station, who had also been working under extraordinary pressure. In furtherance of this effort, he went to the Police Station to look for one of the announcers. There everything was hustle and bustle. His labile mood was immediately affected by it. "It took away the tragic feeling. I was in a complete change of mental reaction, already I am with the deal." Oswald appeared. The police took Oswald to the assembly room. "I am standing on a table above everybody. History is being made. I even passed out some of my cards. Newsmen from all over the world were there, asking me who was this one and that one."

He then returned home late. He woke his roommate, Senator, about three a.m. and began excitedly to tell of "Impeach Earl Warren" posters that he had seen on the street. He phoned his nightclub, requesting the young boy sleeping there to get his Polaroid camera ready and the three of them took flash photos of one of these posters. From there he went to the Post Office and saw that there was a considerable amount of mail in Box 1792, the one listed in the Weisman advertisement. He tried to find out something about Weisman from the clerk on duty, who told him that only the Postmaster could give out such information. He searched the telephone and city directories, but could not find the name listed. He then went home to sleep about six a.m. Part of the morning he sat watching television, frequently weeping and remarking to his friend Senator, "Why did it have to happen to such a wonderful family?"

According to Mr. Senator and the patient, he had a call from one of his performers in Fort Worth, asking for a twenty-five dollar salary advance, which he promised to telegraph her.

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Neither his friend Senator nor his sister recalls his making any remarks about Oswald. His sister commented, "The kids and Jackie bothered him much more than anything." He was in and out of his apartment and his sister's on Saturday. He showed his sister the pictures of the "Impeach Earl Warren" poster. He phoned a lawyer friend, Stanley Kaufman, and talked with him about the poster and the Welsman advertisement. He lay down at his sister's but could not fall asleep. He told his sister he had been unable to sleep Friday night.

On Sunday he left his apartment around ten-thirty, telling his friend that he was going to send the telegram, would go to the club and would walk his dog. The patient says that when he left his apartment he stopped on the street and talked with a neighbor. He parked his car, with his dog in it, at the Western Union Office and sent the telegram a little after eleven. The patient says that it had been announced that Oswald was to be transferred from the Police Station to the County Jail around ten a.m. On walking out of the Western Union Office, he saw a crowd around the Police Station. His curiosity led him over there, he thought that State's Attorney Wade or Captain Fritz might be talking to newsmen and he would be able to get a scoop for one of his friends at the radio station.

Suddenly, much to his astonishment, Oswald appeared, between two guards. "He had a very smirky expression, he looked cunning and vicious - like an animal - like a Communist. I felt like I was looking at a rat. I don't recall if I said, 'You killed my President', or if I said anything."

The patient professes a hazy memory of the actual event. He does not know why he did not shoot more than once, nor whether he was wrestled to the floor in the elevator or in the areaway. He thinks he recalls saying, "You don't have to beat my brains out, I'm Jack Ruby." He says, "It flashed through my mind, 'Why are all these guys jumping on top of me? I'm a very known person with the police and everybody else. I'm not somebody who is a screwball.' After I was brought upstairs in the elevator I felt relieved."

The patient states that he always carried a loaded pistol in his right hip pocket and that all nightclub owners and many restaurant owners in Dallas carry such weapons. He states that on that Sunday morning he had about fifteen hundred dollars on him. He insists that the shooting was due to a sudden momentary impulse and that the thought of killing Oswald had never occurred to him previously.

The patient now professes a realization of the wrongfulness of his act, but there is no evidence of any real guilt feeling. When I asked him what his thoughts and emotions were in regard to Mrs. Oswald and the Oswald children, he looked suddenly greatly pained, almost as though I had struck him, and exclaimed,

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"That's an unfair question." Through the process of denial the patient has been able to believe that it was not a human life that he had taken but rather that he had exterminated a rat.

In summary, we are dealing with a person with a profoundly neurotic character structure, who has been subject to pathological mood states and who has persistently demonstrated a very poor control of aggression by episodic and explosive outbursts. His mental adjustment has long been precarious. His identification with President Kennedy was amazingly strong. The fact that the assassination took place in Dallas, a city with which he was intensely identified, and that the whole tragic day had been heralded by an advertisement, over the signature of a Jew, besmirching his President, were important factors in upsetting his psychological equilibrium.

It is my preliminary impression that his weak ego, which was for a day and a half being constantly assaulted by great emotional stresses, was suddenly overwhelmed, permitting unconscious hostile, aggressive impulses to gain ascendancy and to rob him of his ability to exert the necessary self-control. This psychological state has been well described by Dr. Karl Menninger and his associates in their papers on episodic dyscontrol. In his book, "The Vital Balance", which has just appeared, Dr. Menninger writes,

".... The ego in distress often 'thinks' in primitive language, in primary-process terms. According to this, the ego would rather kill than be killed, or, what amounts to the same thing, suffer a completely disruptive disintegration. Thus, murder is frequently committed, according to our theory, to preserve sanity (as well as in other instances to preserve life). Some colleagues have proposed that murder and suicide may both serve as defenses against 'psychosis'. Certainly this would sometime seem to be the ego's 'intention'. And it usually works. Such 'temporary insanities' rarely become long-term 'insanities' and indeed, it is just this fact that so perplexes juries in attempting to fix a degree of 'blame' on an offender whose 'insanity' seems to them to have been too brief to have been real.

"This concept lawyers and judges find very baffling. But it is no more obscure in principle than flooding an area to relieve an overtaxed dam, or inoculating with cowpox to prevent smallpox, or incising an abscess to prevent it from bursting. From the standpoint of society, the explosion of murder is disastrous, but from the standpoint of the individual himself it may be the way to survival, the only solution which, at the moment of decision, the crippled ego could find.

"We have been using murder as a dramatic symbolization of the culture and the individual's struggle with it."

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Before reaching a final conclusion this Examiner would like to have the benefit of the report of a full clinical psychological examination, a neurological examination, an electroencephalogram, and an opportunity to re-examine the patient psychiatrically.

Respectfully submitted


Manfred S. Guttmacher, M.D.

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